

# APARTMENT INCOME & EXPENSE REPORT

TAX YEAR: **2006** DUE DATE: **April 01, 2005**

Report information from the period **January 01, 2004** through **December 31, 2004**



Government of the District of Columbia  
Office of the Chief Financial Officer  
Office of Tax and Revenue  
941 North Capitol Street, N.E., Suite 400  
Washington, DC 20002

INCOME AND EXPENSE INFORMATION MUST BE REPORTED ON THIS FORM. SUBSTITUTE FORMS ARE NOT PERMITTED. SUPPORTING DOCUMENTATION IS ACCEPTABLE. IN ORDER TO ASSIST YOU IN COMPLETING THIS FORM, DETAILED INSTRUCTIONS ARE INCLUDED WITH THIS REPORT. PLEASE BE SURE TO REPORT EXPENSES ONLY ONCE; DOUBLE REPORTING IS PROHIBITED. IF YOU HAVE ANY QUESTIONS, OR NEED ASSISTANCE, PLEASE CONTACT OUR ASSESSMENT PROGRAM COORDINATOR, ANTHONY DANIELS, AT 202-442-6794. COMPLETE THIS REPORT IN ACCORDANCE WITH ACCOUNTING METHODOLOGIES USED FOR FEDERAL INCOME TAX REPORTING. SUBMISSION OF AUDITED STATEMENTS IS NOT REQUIRED. AS PER THE D.C. CODE § 47-821, THE INFORMATION CONTAINED IN THIS REPORT SHALL BE KEPT IN STRICT CONFIDENCE. FAILURE TO SUBMIT THE INFORMATION REQUESTED BY THE ABOVE DUE DATE IS A VIOLATION OF D.C. REAL PROPERTY TAX LAW AND WILL RESULT IN A PENALTY OF 10% OF THE REAL PROPERTY TAX AMOUNT DUE FOR THE FOLLOWING TAX YEAR.

SQUARE	SUFFIX	LOT	USE CODE	NEIGHBORHOOD

PREMISE ADDRESS:

MAILING ADDRESS


IS ANY PORTION OF THIS BUILDING OWNER OCCUPIED? ☐ YES ☐ NO

IS ANY PORTION OF THIS BUILDING EXEMPT FROM PROPERTY TAXES? ☐ YES ☐ NO

IF A PORTION IS EXEMPT, FORM **FP161**, THE ANNUAL USE REPORT MUST BE FILED.

**ACCOUNTING METHODOLOGY** - METHOD USED TO PREPARE THIS STATEMENT (THIS SHOULD REFLECT YOUR ACCOUNTING BOOKS, CHECK ONE)

☐ Accrual ☐ Cash ☐ Uncertain

A. DEBT SERVICE INFORMATION (WITHIN THE LAST 3 YEARS)					
LOAN AMOUNT	ORIGIN DATE	INT. RATE %	TERM	PAYMENT (P & I)	ANNUAL OR MONTHLY PAYMENT
\$				\$	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly
\$				\$	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly

Loan balance as of 12/31/2004 \$ \_\_\_\_\_ Lender's Name \_\_\_\_\_

HAS THERE BEEN AN INDEPENDENT FEE APPRAISAL OF THIS REAL PROPERTY DONE IN THE LAST THREE YEARS?

☐ YES ☐ NO WHAT WAS THE APPRAISED VALUE AND DATE OF THE APPRAISAL? \$ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## B. CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. MAKING A FALSE STATEMENT AS TO MATERIAL FACTS IS PUNISHABLE BY CRIMINAL PENALTIES, D.C. CODE §22-2514.

NAME OF MANAGEMENT COMPANY: \_\_\_\_\_  
TITLE/RELATIONSHIP: \_\_\_\_\_  
RESPONSIBLE CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATE: \_\_\_\_\_ OWNER'S FEDERAL TAX ID #: \_\_\_\_\_

PRINT OR TYPE NAME

SIGNATURE (ORIGINAL ONLY, NO STAMPED OR COPIED SIGNATURE)

THIS FORM MUST BE SIGNED AND DATED TO RECEIVE CREDIT FOR FILING. UNSIGNED OR SUBSTANTIALLY INCOMPLETE SUBMISSIONS WILL BE SUBJECT TO ALL APPLICABLE PENALTIES.

**PLEASE ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR, EXCEPT RENT RATE INFORMATION**

**C. VACANCY INFORMATION**

1. WHAT WAS THE VACANCY LEVEL FOR THE PROJECT ON JANUARY 1, 2005?

NO. OF UNITS		% OF TOTAL UNITS	
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2. WHAT WAS THE AVERAGE MONTHLY VACANCY IN 2004?

NO. OF UNITS		% OF TOTAL UNITS	
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3. WHAT IS THE TYPICAL LENGTH OF THE INITIAL LEASE?

4. WHAT RENT CONCESSIONS ARE BEING OFFERED AS OF JANUARY 1, 2005:

UNIT TYPE		AMOUNT PER MONTH	\$	TOTAL	\$
UNIT TYPE		AMOUNT PER MONTH	\$	TOTAL	\$

**D. SUBSIDIZED HOUSING INFORMATION**

1. IS THIS PROPERTY A PARTICIPANT IN A HUD OR OTHER LOW-INCOME HOUSING PROGRAM? YES NO

2. LIST THE TYPE OF PROGRAM:

**IF SUBSIDIZED, PLEASE SPECIFY THE NUMBER AND TYPE OF UNITS IN THE SUBSIDIZED APARTMENT RENT MIX INFORMATION PART OF SECTION O AND INCLUDE INTEREST SUBSIDY IN INCOME INFORMATION SECTION E.**

**E. INCOME INFORMATION**

INCOME FOR 12-MONTH ENDING December 31, 2004 OR \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

**1. POTENTIAL GROSS INCOME**

a. LIST CURRENT RENT AND VACANT RENT AT MARKET RATE TO 100% \$

**2. VACANCY AND COLLECTION LOSS**

a. INCOME LOSS DUE TO VACANCY		\$
b. INCOME LOSS DUE TO CONCESSIONS		\$
c. INCOME LOSS DUE TO COLLECTION LOSS		\$
d. INCOME LOSS DUE TO EMPLOYEE QUARTERS	#	\$
e. SUM OF LINES A THROUGH D		\$

**3. ACTUAL GROSS INCOME**

a. ACTUAL APARTMENT RENTAL INCOME RECEIVED		\$
b. EXCESS RENT ATTRIBUTABLE TO CORPORATE SUITES		\$
c. INCOME FROM LAUNDRY FACILITIES	CONTRACTED OWNED	\$
d. ACTUAL COMMERCIAL RENTAL INCOME RECEIVED	AREA IN SQ.FT.	\$
e. UTILITY REIMBURSEMENTS		\$
f. ESCALATION INCOME		\$
g. INSURANCE REIMBURSEMENT		\$
h. PARKING SPACES	# SPACES INCLUDED IN RENT	\$
i. STORAGE INCOME	STORAGE INCLUDED IN RENT	\$
j. FURNITURE RENTAL INCOME		\$
k. CLUBHOUSE/PARTY ROOM RENTAL		\$
l. SPECIAL FEES		\$
m. HUD INTEREST SUBSIDY REIMBURSEMENTS		\$
PLEASE EXPLAIN REIMBURSEMENTS AND PROVIDE ATTACHMENT FOR COVENANT TERMS AND TIME FRAME:		
n. RENTAL OF PAD FOR VENDING AREA OR [ ] % OF GROSS INCOME		\$

**4. TOTAL ACTUAL INCOME**

a. SUM OF LINES A THROUGH N \$

**F. ANNUAL OPERATING EXPENSES \*\*\* DO NOT INCLUDE REAL ESTATE TAXES OR CAPITAL EXPENDITURES\*\*\***

**1. MANAGEMENT AND ADMINISTRATIVE**

a. MANAGEMENT FEES	\$
b. OTHER ADMINISTRATIVE/PAYROLL (SPECIFY)	\$
c. FURNITURE RENTAL	\$
d. CORPORATE SUITE EXPENSE	\$

**2. UTILITIES**

a. WATER AND SEWER	\$
b. ELECTRICITY (EXCLUDING HVAC)	\$
c. ELECTRICITY (INCLUDING HVAC)	\$
d. PRIMARY HEATING FUEL ( SPECIFY)	\$
e. OTHER FUEL (SPECIFY)	\$

<b>3. REPAIRS AND MAINTENANCE</b>		
a. MAINTENANCE PAYROLL/SUPPLIES	\$	
b. HVAC REPAIRS	\$	
c. ELECTRICITY/PLUMBING REPAIRS	\$	
d. ROOF REPAIRS	\$	
e. ELEVATOR REPAIRS	\$	
f. POOL REPAIRS	\$	
g. OTHER COMMON AREA OR EXTERIOR REPAIRS	\$	
h. REDECORATING COSTS (CARPET, PAINT, ETC.)	\$	
i. OTHER REPAIRS (EXPLAIN )	\$	
<b>4. SERVICES</b>		
a. JANITORIAL/CLEANING (PAYROLL/CONTRACT)	\$	
b. LANDSCAPE/GROUNDS MAINTENANCE	\$	
c. TRASH	\$	
d. SECURITY	\$	
e. ELEVATOR SERVICE (CONTRACT)	\$	
f. OTHER (EXPLAIN)	\$	
<b>5. MISCELLANEOUS EXPENSE</b>		
a. MISCELLANEOUS EXPENSES (EXPLAIN)	\$	
<b>6. TOTAL OPERATING EXPENSE</b>		
a. TOTAL OPERATING EXPENSES SUM OF LINES F1 THROUGH F5	\$	
<b>G. FIXED EXPENSES</b>		
1. INSURANCE (ONE YEAR FIRE, CASUALTY)	\$	
2. MISCELLANEOUS TAXES	\$	
3. OTHER (EXPLAIN) _____	\$	
4. TOTAL FIXED EXPENSES	\$	
<b>H. TOTAL EXPENSES (SUM OF SEC. F, LINE 6 AND SEC. G, LINE 4) *DO NOT INCLUDED REAL ESTATE TAXES*</b>		
1. TOTAL EXPENSES	\$	
<b>I. CAPITAL RESERVES/INTEREST INCOME ***AS OCCURRED DURING REPORTING PERIOD***</b>		
1. ACTUAL CAPITAL RESERVES DEPOSITED (CASH BASIS)	\$	
2. ACTUAL INTEREST INCOME	\$	
<b>J. CAPITAL IMPROVEMENTS</b>		
1. COST OF CAPITAL IMPROVEMENTS INCURRED LAST 12 MONTHS	\$	
2. DESCRIPTION OF INCURRED CAPITAL IMPROVEMENTS: _____		
3. COST OF FUTURE CAPITAL IMPROVEMENTS	\$	
4. ANTICIPATED DATE OF FUTURE CAPITAL EXPENDITURES: _____		
5. DESCRIPTION OF ANTICIPATED CAPITAL IMPROVEMENTS: _____		
<b>K. REAL ESTATE TAXES (FROM PREVIOUS YEAR'S ASSESSMENT)</b>		
1. PAID BY OWNER	\$	
2. PAID BY TENANTS	\$	
<b>L. ANNUAL GROUND RENT</b>		
1. LIST ANNUAL GROUND RENT, IF APPLICABLE	\$	
2. INCEPTION DATE OF LEASE:		
3. ENDING DATE OF LEASE:		
4. EARLIEST RENEWAL DATE:		
5. LAND AREA LEASED IN SQ FT:		
<b>M. ENERGY CONFIGURATION (DO TENANTS PAY?)</b>		
1. ELECTRICITY	YES	NO
2. HEATING/COOLING	YES	NO
3. WATER	YES	NO
4. GAS	YES	NO
5. IS THIS AN ALL-ELECTRIC BUILDING	YES	NO

<b>N. CHANGES IN OWNERSHIP</b>	
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- |    |                                                                                                                 |  |     |  |    |
|----|-----------------------------------------------------------------------------------------------------------------|--|-----|--|----|
| 1. | HAS A PARTIAL OR COMPLETE INTEREST IN THE REAL PROPERTY BEEN CONVEYED IN THE LAST THREE YEARS? (SEE NOTE BELOW) |  | YES |  | NO |
|----|-----------------------------------------------------------------------------------------------------------------|--|-----|--|----|

ANSWER YES EVEN IF THE TRANSFER OR CONVEYANCE IS NON-TAXABLE OR INCLUDES A TRANSFER OR CONVEYANCE OF AN ECONOMIC INTEREST IN AN ENTITY THAT OWNS REAL PROPERTY (I.E. SHARES OR STOCKS IN PARTNERSHIPS, CORPORATION, OR TRUST, ETC. INCLUDING MULTI-TIERED ENTITIES THAT OWN THE REAL PROPERTY). IF THE TRANSFERENCE WAS THROUGH AN ENTITY, THE OWNER MUST COMPLETE THE TRANSFER OR ECONOMIC INTEREST FORM. TO OBTAIN THE FORM, CALL THE RECORDER OF DEEDS (202) 727-3374.

- |    |                                       |   |                |  |           |
|----|---------------------------------------|---|----------------|--|-----------|
| 2. | NATURE OF THE OWNERSHIP (CHECK ONE)   |   | FEE SIMPLE     |  | LEASEHOLD |
| 3. | PERCENT OF OWNERSHIP                  | % | TRANSFER DATE: |  |           |
| 4. | LIST ANNUAL GROUND RENT IF APPLICABLE |   |                |  | \$        |

## O. APARTMENT RENT MIX INFORMATION

UNIT TYPE EX: 1BR, 2BR w/ DEN	# OF UNITS THIS TYPE	RENT-ABLE AREA IN SQ. FT.	FULL BATHS	HALF BATHS	JANUARY 1 <sup>ST</sup> MARKET RENT (MONTHLY)	CURRENT MARKET RENT	ITEMS INCLUDED IN RENT						
							A/C	HEAT	ELECTRIC	WASHER DRYER	CATV	METERED UTILITIES	
												GAS	ELECTRIC
						\$							
						\$							
						\$							
						\$							
						\$							
						\$							
						\$							
						\$							
						\$							
TOTAL		IF INDICATING A RENTAL RANGE (I.E. \$1,000-\$1,200/MONTH), EXPLAIN WHAT THE RANGE INCLUDES (I.E. FLOOR, CARPET, VIEW, ETC.). ATTACH A SEPARATE SHEET IF NECESSARY.											

**O. (CONT.) SUBSIDIZED APARTMENT RENT MIX INFORMATION**

UNIT TYPE					BASIC/FAIR MARKET							
					\$							
					\$							
					\$							
<b>TOTAL SUBSIDIZED</b>		<b>GRAND TOTAL UNITS</b> (SUM OF MARKET UNITS AND SUBSIDIZED UNITS)										

**P. ADDITIONAL RENTS**

CARPORTS	RESERVED PARKING	GARAGES	STORAGE UNITS
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#	\$	#	\$	#	\$	#	\$
VIEW		PET FEES		OTHER:		OTHER:	
#	\$	#	\$	#	\$	#	\$

**Q. COMMERCIAL TENANT INVENTORY**

TENANT NAME OR UNIT NUMBER	SQ. FT. LEASED	LEASE DATES Mo/Yr TO Mo/Yr	ORIGINAL BASE RENT (ANNUAL)	RENT ESCALATIONS FIXED OR CPI	EXPENSES PAID BY TENANTS		
			\$				
			\$				
			\$				
			\$				
			\$				

## INSTRUCTIONS FOR COMPLETING – APARTMENT BUILDING INCOME AND EXPENSE REPORT

The following instructions are provided to aid you in filing out this form. Information provided in the report should be in accordance with the accounting methodology used for federal income tax purposes. Expenses are to be reported only once, double reporting is prohibited.

Please:

- Round amounts to the nearest dollar except for dollars per square foot and other rental entries.
- Indicate if any portion of the property is owner occupied or exempt from property taxes.
- Identify the accounting methodology used to prepare this statement.

If you have any questions please call Anthony Daniels at (202) 442-6794.

### A. DEBT SERVICE INFORMATION

Please provide information concerning any loan placed on this property within the last three years. Include any new loans or refinancing of original debt. This information is requested to study the financing trends for this property type to determine typical debt coverage ratios.

### B. CERTIFICATION

District of Columbia law (D.C. code §22-2514) requires certification of this information by the owner or an officially authorized representative. Please print or type the name and title of the person certifying the information, the name and phone number of the person to contact with questions on the information, and the property owner's federal tax I.D. number.

### C. VACANCY INFORMATION

1. Provide the number of units, or the percentage of total units available to lease on January 1.
2. Provide the number of vacant units, or the percentage of total units available to lease on January.
3. Provide the typical length of an initial lease in months. If this is month-to-month Lease, please enter the number 1.
4. Please provide any rent concessions being offered as of January 1. Include unit type, amount per month, and total amount of concessions.

### D. SUBSIDIZED HOUSING INFORMATION

This information is requested to identify subsidized properties. Please identify in the space provided the subsidy program in which you participate.

### E. INCOME INFORMATION

**Please enter income information for the period covered by this statement.**

1. Potential gross income: List the total rental revenue received of occupied units at their contract rent and the total potential rent of the vacant units at market rent. The potential gross income includes all the rental income assuming 100% occupancy, including employee apartments, retail and office space before the deduction for vacancy and collection loss.
2. Vacancy and Collection Loss:
  - a. List the rental loss at current rental rates due to unleased units during this reporting period.
  - b. List all incentives given to tenants in order to increase occupancy.
  - c. List the income loss due to inability to collect rent owed.
  - d. List the income loss at current rental rates for employee apartments. Please provide the number of units made available for employees (occupied or not).
  - e. Total vacancy and collection loss. Sum of lines a-d.
3. Actual Gross Income:
  - a. Please provide the actual income received from the rental of apartment units after vacancy and collection loss. (Line 1 less line 2e of the previous section).
  - b. Please provide income received from corporate suites less income for similar furnished or unfurnished units.
  - c. Provide the total amount of income collected from coin laundry or contractual agreements with laundry machine suppliers. Indicate if this is an owner provided or contracted service.

- d. Provide the ACTUAL income received from the rental of commercial/retail space. Please list the total square feet of commercial area leased.
  - e. List any tenant repayment to the owners for pro rata share of operating expenses where utilities are sub-metered.
  - f. Actual income received for escalations in the base rents in accordance with the terms of the applicable leases.
  - g. Reimbursements paid to the owners for insurance claims.
  - h. Provide any rental income received for garage and/or surface parking. Please list the total number of parking spaces. Indicate the number of parking spaces included in rent.
  - i. Any rental income received for storage spaces. Indicate if any storage units or areas are included in rent.
  - j. Rental income from furnished units (amount more than the base rent for unfurnished units).
  - k. Rental income from community clubhouses and/or party rooms.
  - l. Fee collected for pet allowance, pool use, exercise facility or other fees not accounted for elsewhere.
  - m. For subsidized apartments only, indicate the amount paid by HUD to owners. Indicate the program, if it provides tax credits, subsidized financing, etc. please provide attachments for covenant terms and time frame.
  - n. Income received from rental space for vending machines, pay telephones, etc. if the terms of the lease require a percentage of the gross income generated, and indicate the percentage and the dollar amount received.
4. Total actual income (sum of lines a-n)

#### **F. ANNUAL OPERATING EXPENSES**

These are expenses necessary to maintain the production of income from operation of the property. Do not include under any expense category items such as ground rent, mortgage interest or amortization, personal property tax, depreciation, income taxes, or capital expenditures. These are not operating expenses. Capital expenditures include investments in remodeling, or replacements, which materially add to the value of the property or appreciably prolong its life. Capital expenditures are requested in section J. Please include here all other expenses to the property, including those reimbursed by the tenants.

##### **1. Management and Administrative**

- a. Amount paid to a management company or self for operating the building. Do not count management expenses here if the same administrative cost is shown elsewhere.
- b. Include advertising, administrative, payroll, office supplies, accounting, legal fees and liability insurance. List any furniture rental costs (for models, offices, tenants, etc.) and corporate suite expense (utilities, laundry, maid, etc.) on lines c and d Please detail each line item. If necessary attach a separate sheet.
- c. Expenses for furniture rental associated with administrative and managerial functions (office/model furniture).
- d. Expenses for providing corporate suites.

##### **2. Utilities**

- a. Expense of water and sewer services for this reporting period.
- b. Electricity expense. DO not enter HVAC
- c. Please be sure to enter your electricity expense for HVAC on the appropriate line.
- d. Specify the primary heating fuel (oil, gas, etc.) used for heating the building and its expense. Do not include an amount for electric if it is listed above.
- e. If more than one type of fuel is used, indicate the type and cost.

##### **3. Repairs and Maintenance**

- a. Payroll expenses for maintenance staff and expenses for maintenance supplies.
- b. Maintenance and repair expense for heating, ventilating and air-conditioning, and related maintenance and/or repairs. Do not include capital items.
- c. Repairs to electrical and plumbing systems. Do not include capital items.
- d. Include repairs and routine maintenance expense to roof. Do not enter the cost to replace entire roof. Roof replacement is a capital expense, as will be shown in section j.
- e. Maintenance expense for elevator repairs. This is not for an elevator service contract.
- f. Repairs to swimming pools.
- g. Repairs to exterior of the property not covered elsewhere. Do not include capital items.
- h. Interior maintenance and repair (carpet, paint, etc.). do not include capital items or major tenant fit-up.
- i. Specify any other maintenance and/or repair expenses not covered in another category, do not include capital items.

4. Services

- a. Janitorial and cleaning expenses for the property.
- b. Please identify all landscaping or grounds keeping service expenses for the property.
- c. Expense for trash service.
- d. Expense for security services, guards, etc.
- e. Expenses for elevator services (contract).
- f. Specify any other service expenses incurred in the operation of the property.

5. Miscellaneous Expenses

Specify any other expenses not identified elsewhere. Do not include ADA upgrades here; they should go in section J.

6. Total operating expenses should equal the sum of items F1 through F5.

**G. FIXED EXPENSES**

***List all fixed expenses incurred by the property.***

1. Identify fire/casualty insurance expenses relevant to the reporting period only. Some insurance policies are multi-year contracts. Please include only one year's cost.
2. Specify any miscellaneous taxes and licenses fees (ex. payroll taxes, BID Taxes, Vault Taxes, etc.) do not include real estate tax, this goes in section I.
3. Specify any other fixed expenses and the amount.
4. Total fixed expenses should equal the sum of section G lines 1 through 3.

**H. TOTAL EXPENSES**

Total expenses should equal the sum of section f line 6 and section g line 4.

**I. CAPITAL RESERVES INTEREST INCOME**

*Please list capital reserves on hand and interest income earned.*

1. Report capital reserves held for pending expected and unexpected improvements to the property.
2. Report all interest income to this property from interest earned on capital improvement accounts, reserve accounts and monthly management operating accounts.

**J. CAPITAL IMPROVEMENTS** Please report, in detail, any capital improvements or renovations to the property during the current reporting period. Also list and detail any anticipated capital improvements in the future. Attach sheet, if necessary.

1. Report expenditures for capital improvements that were incurred in the last twelve months.
2. Describe the capital improvement expenditures reported above.
3. Report the cost of all future anticipated capital improvement expenditures.
4. Report the anticipated date of future capital improvement expenditures.
5. Describe the nature and scope of any future anticipated capital expenditures.



**K. REAL ESTATE TAXES**

List the amount paid in real estate taxes for this reporting period by property owner or tenants as designated. This should reflect any adjustments in assessments during the current reporting period.

**L. ANNUAL GROUND RENT**

Complete if the property is subject to a land lease.

**M. ENERGY CONFIGURATION**

1. - 4. Please indicate if tenants pay any electric, gas, heating and cooling or water expenses
5. Please indicate if the building is all-electric.

**N. CHANGES IN OWNERSHIP**

1. Indicate if any percentage of ownership or configuration of ownership has changed in the last three years.
2. Identify the nature of the ownership interest changed.
3. List the percent of ownership that changed, whether it is fractional or complete, and the effective date of the change.
4. Indicate the amount paid for the real property subject to a change in ownership.

**O. APARTMENT RENT MIX INFORMATION**

This section is needed to help us determine income for the coming year and to compare features of various apartment projects. A rent roll is not necessary. Indicate the unit type as efficiency, 1 bedroom, 2 bedroom w/den, etc. identify the number of baths per UNIT type, a half bath has two fixtures (sink and commode) and a full bath has three fixtures (sink, commode, tub and/or shower). Provide information on subsidized units separately. The totals for the two section combined should equal the total number of units. Market rent information is from the current calendar year. Please provide the date for current market rent.

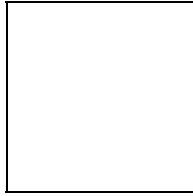
**P. ADDITIONAL RENTS**

Indicate any additional rental charges for carports, reserved parking, garage spaces, storage units, enhanced view, pets, or other rental charges (please indicate). Indicate number of units and total rents.

**Q. COMMERCIAL TENANT INVENTORY**

List any commercial tenants, the area leased, lease dates, base rents, escalations, and expenses paid by commercial tenants (indicate specifically).





**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Office of the Deputy Chief Financial Officer**  
**Office of Tax and Revenue**

**INCOME-EXPENSE FORM**

Dear Property Owner:

To estimate the value of your real property for assessment purposes, our staff must analyze the property individually and in relation to similar properties. The Income-Expense Form provides information needed to complete this analysis. It must be completed accurately to allow for a comprehensive analysis. This form has been revised to provide for data entry of information into our computer system. Please print legibly on the lines to ensure accurate processing of data.

Filing of the Income-Expense Form is required for income-producing or investment-type properties whether **RENTED, VACANT** or **OWNER-OCCUPIED** during the reporting period. **EXCEPTION:** RESIDENTIAL RENTAL PROPERTIES CONTAINING FOUR (4) OR LESS DWELLING UNITS are not required to report income-expense data. However, to avoid a non-compliance penalty PLEASE note on the form that the property has 4 units or less and return the ***signed*** form.

The “*E-Conomy Transformation Act of 2000*” provides a real property tax abatement for Qualified High Technology Company (QHTC). To be considered for this program an approved **QHTC-CERT** must be submitted with the filing of an income-expense form. To be eligible, the commercial property must have met the following criteria:

- *Non-residential or mixed-use building in which 50% of the tenants are QHTC; or 50% of the aggregate square footage is leased to a QHTC;*
- *A newly constructed building in which the initial certificate of occupancy or initial temporary certificate of occupancy was received after December 31, 2000 and the building meets the aforementioned requirements; and*
- *A building improved or renovated to adapt to use by a QHTC.*

It is important that you file for your property ONLY on the form coded for that specific property. The forms are credited as coded. **If you do not receive a form for a property that you own, please call Anthony Daniels, Assessment Program Coordinator at (202) 442-6794 and arrange to have a correctly coded form sent to you.**

Do not photocopy forms with a computer printed address line to use for another property. If you photocopy blank forms, make sure that it has the following: 1) square, lot and premise address and 2) **all signatures are ORIGINALS**. Photocopied and stamped signatures will not be accepted.

Please return the completed form in the enclosed pre-addressed envelope or, deliver it to **941 North Capitol Street, N.E.- 1<sup>st</sup> floor** between 8:15 A.M. – 4:30 P.M.

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